

Rates

2017-2018 CONTRIBUTION RATES



Medical Coverage

Coverage Tier	Blue Priority HMO 3d		Blue Priority PPO P3d		HSA/HDHP Plan 33AE	
	What Liberty Pays Monthly	What Employee Pays Monthly	What Liberty Pays Monthly	What Employee Pays Monthly	What Liberty Pays Monthly	What Employee Pays Monthly
Employee Only	\$350.00	\$37.04	\$350.00	\$63.79	\$350.00	\$69.53
Employee + Spouse	\$350.00	\$493.70	\$350.00	\$547.66	\$350.00	\$562.27
Employee + Child(ren)	\$350.00	\$341.47	\$350.00	\$386.36	\$350.00	\$398.02
Family	\$350.00	\$836.19	\$350.00	\$910.56	\$350.00	\$931.84

Dental Coverage

Coverage Tier	What Liberty Pays Monthly	What Employee Pays Monthly
Employee Only	\$20.00	\$13.65
Employee + Spouse	\$20.00	\$47.29
Employee + Child(ren)	\$20.00	\$50.30
Family	\$20.00	\$95.21

Vision Coverage

Coverage Tier	What Liberty Pays Monthly	What Employee Pays Monthly
Employee Only	\$5.00	\$2.55
Employee + Spouse	\$5.00	\$7.84
Employee + Child(ren)	\$5.00	\$8.67
Family	\$5.00	\$15.54

